

Form 990

Department of the Treasury  
Internal Revenue Service

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

2011

Open to Public  
Inspection

<b>A</b> For the 2011 calendar year, or tax year beginning , 2011, and ending , 20	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>VETERANS ASSISTANCE FOUNDATION</b> <b>Doing Business As</b> Number and street (or P O box if mail is not delivered to street address) Room/Suite PO BOX 610 City or town, state or country, and ZIP + 4 TOMAH WI 54660
	<b>D</b> Employer identification number 39-1798221
	<b>E</b> Telephone number 608-372-1282
	<b>G</b> Gross receipts \$ 2412838.
	<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? If "No", attach a list (see instructions) <input type="checkbox"/> Yes <input type="checkbox"/> No <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (Insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
<b>J</b> Website: ▶ WWW.VETERANSASSISTANCE.ORG	
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L</b> Year of formation 1994 <b>M</b> State of legal domicile WI

## Part I Summary

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities OPERATE PROGRAMS DESIGNED TO ASSIST HOMELESS OR AT RISK OF BECOMING HOMELESS VETERANS MAINTAIN OR IMPROVE THEIR STATUS IN SOCIETY BY PROVIDING AN ENVIRONMENT THROUGH WHICH THEY CAN ACCESS HUMAN SERV		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	6
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	
	<b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a)	<b>5</b>	16
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	6
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>		
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) <b>9</b> Program service revenue (Part VIII, line 2g) <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	Prior Year 2267476. 127159. 6394. 80538. 2481567.	Current Year 2252933. 122731. 2742. 34432. 2412838.
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		7760.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) <b>b</b> Total fundraising expenses, (Part IX, column (D), line 25)	504522. 1179478.	562338. 1071308.
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	769809. 2453809.	743249. 2384655.
	<b>19</b> Revenue less expenses Subtract line 18 from line 12	27758.	28183.
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16) <b>21</b> Total liabilities (Part X, line 26) <b>22</b> Net assets or fund balances Subtract line 21 from line 20	Beginning of Current Year 2436679. 348531. 2088148.	End of Year 2592078. 475747. 2116331.

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer COLIN MOTEN Type or print name and title	Date 05/04/2012 PRESIDENT
	Print /Type preparer's name WILLIAM J SHERRY Firm's name ▶ ENGELSON & ASSOCIATES LTD Firm's address ▶ 3317 MORMON COULEE RD LA CROSSE WI 54601-6749	Preparer's signature Date 05/01/2012 Check <input type="checkbox"/> if self-employed PTIN P00231592 Firm's EIN ▶ 39-1625814 Phone no 608-788-2181

May the IRS discuss this return with the preparer shown above? (See instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

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BCA

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**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III ☐**1** Briefly describe the organization's mission

OPERATE PROGRAMS DESIGNED TO ASSIST HOMELESS OR AT RISK OF BECOMING  
HOMELESS VETERANS MAINTAIN OR IMPROVE THEIR STATUS IN SOCIETY BY  
PROVIDING AN ENVIRONMENT THROUGH WHICH THEY CAN ACCESS HUMAN SERVICES

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported**4a** (Code: ) (Expenses \$ 1109169. including grants of \$ ) (Revenue \$ 1152375.)

PROVIDE PROGRAMS AND SERVICES TO HELP HOMELESS AND AT RISK OF BECOMING  
HOMELESS VETERANS REGAIN, MAINTAIN AND IMPROVE THEIR STATUS IN SOCIETY  
BY PROVIDING AN ALCOHOL AND DRUG FREE, SECURE ENVIRONMENT THROUGH  
WHICH AN ARRAY OF HUMAN SERVICES CAN BE ACCESSED

**4b** (Code: ) (Expenses \$ 7000. including grants of \$ ) (Revenue \$ 7000.)

PROVIDE SERVICES TO ASSIST IN REINTEGRATING HOMELESS VETERANS INTO  
MEANINGFUL EMPLOYMENT WITH THE LABOR FORCE SERVICES INCLUDE CLASSROOM  
TRAINING, JOB SEARCH ASSISTANCE, JOB PLACEMENT, ON THE JOB TRAINING  
AND VOCATIONAL COUNSELING

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4d** Other program services. (Describe in Schedule O )

(Expenses \$ including grants of \$ )(Revenue \$ )

**4e** Total program service expenses ▶ 1116169.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
b Was the organization included in consolidated, independent audited financial statement for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .		X
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J . . . . .		X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 . . . . .		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II . . . . .		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . .		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions). . . . .		
<b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . . .		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . . . . .		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 . . . . .	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		X
<b>b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .		X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . .		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	X	

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**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V ☐

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	<b>1a</b> 11		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	<b>1b</b> 0		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	X	
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	<b>2a</b> 16		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	<b>2b</b>	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	<b>3b</b>		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>		X
<b>b</b> If "Yes," enter the name of the foreign country: _____ See the instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>		
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year.	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>8</b>		X
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the organization make any taxable distributions under section 4966?	<b>9a</b>		X
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		X
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12.	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders.	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand.	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	<b>14b</b>		

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI ☒

**Section A. Governing Body and Management**

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	6													
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O														
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent														
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?														X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?														X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?														X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?														X
<b>6</b> Did the organization have members or stockholders?														X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?														X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?														X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:														
<b>a</b> The governing body?										X				
<b>b</b> Each committee with authority to act on behalf of the governing body?										X				
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O										X				

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	10a	10b	11a	12a	12b	12c	13	14	15a	15b	16a	16b	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?														X
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?														
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			X											
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990														
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13				X										
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?				X										
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done						X								
<b>13</b> Did the organization have a written whistleblower policy?														X
<b>14</b> Did the organization have a written document retention and destruction policy?														X
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?														
<b>a</b> The organization's CEO, Executive Director, or top management official									X					
<b>b</b> Other officers or key employees of the organization.														X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)														
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?														X
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?														

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **WI**

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website ☐ Another's website ☒ Upon request

**19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **COLIN MOTEN PO BOX 610 TOMAH WI 54660 608-372-1280**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response to any question in this Part VII ☒**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organiza- tions in Sch. O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROBERT PIARO CHAIRMAN		X						0	0	0
(2) JOHN MARGOWSKI BOARD		X						0	0	0
(3) CHRIS HANSON SECRETARY		X						0	0	0
(4) J URBAN TREASURER		X						0	0	0
(5) ADRIAN KRUEGER BOARD		X						0	0	0
(6) R KANE BLANEY BOARD		X						0	0	0
(7) COLIN MOTEN PRESIDENT	45			X				81200.	0	2400.
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and title	(B) Average hours per week (describe hours for related organiza- tions in Sch. O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
<b>1b Sub-total</b>							81200.	0	2400.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0	0	0	
<b>d Total (add lines 1b and 1c)</b>							81200.	0	2400.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►

	Yes	No
<b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
XENTEL AME 312 E WISC 53202 WI MILWAUKEE	FUNDRAISING	1071308.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►



**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	1036644.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1216289.			
	g Noncash contributions included in lines 1a-1f		\$			
	h Total. Add lines 1a-1f		2252933.			
<b>Program Service Revenue</b>	2a PROGRAM FEES	Business Code 900099	122731.	122731.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		122731.			
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)		2742.	2742.		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real (ii) Personal 31550.				
	b Less rental expenses					
	c Rental income or (loss)	31550.				
	d Net rental income or (loss)		31550.	31550.		
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less direct expenses	b				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a					
b Less cost of goods sold	b					
c Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
11a MISCELLANEOUS	900099	2882.	2882.			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		2882.				
12 Total revenue See instructions		2412838.	159905.			

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C) and (D).

Check if Schedule O contains a response to any question in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	5000.	5000.		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	2760.	2760.		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7	Other salaries and wages.	424864.	352606.	72258.	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	10518.	8418.	2100.	
9	Other employee benefits.	91956.	74570.	17386.	
10	Payroll taxes.	35000.	29633.	5367.	
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	582.		582.	
c	Accounting.	15086.	11730.	3356.	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.	1071308.			1071308.
f	Investment management fees.				
g	Other.	6156.	203.	5953.	
12	Advertising and promotion.				
13	Office expenses.	13485.	10256.	3229.	
14	Information technology.				
15	Royalties.				
16	Occupancy.	196724.	183061.	13663.	
17	Travel.	19933.	9233.	10700.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	2620.	2225.	395.	
20	Interest.	22891.	3365.	19526.	
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	133140.	114515.	18625.	
23	Insurance.	16535.	15057.	1478.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	SEE STMT	30132.			
b		257.			
c		21951.			
d		8076.			
e	All other expenses.	255681.			
25	<b>Total functional expenses.</b> Add lines 1 through 24e.	2384655.	1116169.	197178.	1071308.
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	17992.	<b>1</b>	10107.
	<b>2</b> Savings and temporary cash investments .....	488193.	<b>2</b>	689187.
	<b>3</b> Pledges and grants receivable, net .....	170243.	<b>3</b>	134589.
	<b>4</b> Accounts receivable, net .....	15629.	<b>4</b>	5146.
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Sch L		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B) and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	44170.	<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	2850.	<b>9</b>	3102.
	<b>10a</b> Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 2637583.		
	<b>b</b> Less accumulated depreciation .....	<b>10b</b> 887636.	<b>10c</b>	1749947.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	2436679.	<b>16</b>	2592078.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	73799.	<b>17</b>	122702.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	274732.	<b>23</b>	353045.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	348531.	<b>26</b>	475747.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	2088148.	<b>27</b>	2116331.
	<b>28</b> Temporarily restricted net assets .....		<b>28</b>	
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> <b>Total net assets or fund balances</b> .....	2088148.	<b>33</b>	2116331.	
<b>34</b> <b>Total liabilities and net assets/fund balances</b> .....	2436679.	<b>34</b>	2592078.	

Form 990 (2011)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2412838.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2384655.
3	Revenue less expenses Subtract line 2 from line 1	3	28183.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2088148.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2116331.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII ☒

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selected process during the tax year, explain in Schedule O	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements of the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2011)

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

VETERANS ASSISTANCE FOUNDATION INC

Employer identification number

39-1798221

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 ☒ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I      b ☐ Type II      c ☐ Type III - Functionally integrated      d ☐ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box \_\_\_\_\_
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐ Yes ☐ No
- (ii) A family member of a person described in (i) above? ☐ Yes ☐ No
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐ Yes ☐ No
- h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4. . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>7</b> Amounts from line 4. . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	0.00	%
<b>15</b> Public support percentage from 2010 Schedule A, Part II, line 14 . . . . .	<b>15</b>	0.00	%
<b>16a 33 1/3% support test - 2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . .			<input type="checkbox"/>
<b>b 33 1/3% support test - 2010.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . .			<input type="checkbox"/>
<b>17a 10% facts-and-circumstances test - 2011.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .			<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .			<input checked="" type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II  
If the organization fails to qualify under the tests listed below, please complete Part II)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .	2300741.	2444227.	2472730.	2267476.	2252933.	11738107.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .	141354.	175017.	119386.	127159.	122731.	685647.
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
6 <b>Total.</b> Add lines 1 through 5 . . . . .	2442095.	2619244.	2592116.	2394635.	2375664.	12423754.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
c Add lines 7a and 7b . . . . .						
8 <b>Public support</b> (Subtract line 7c from line 6) . . . . .						12423754.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6 . . . . .	2442095.	2619244.	2592116.	2394635.	2375664.	12423754.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	18208.	75213.	101410.	84394.	34292.	313517.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
c Add lines 10a and 10b . . . . .	18208.	75213.	101410.	84394.	34292.	313517.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .	4272.	1216.	371.	2538.	2882.	11279.
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12) . . . . .	2464575.	2695673.	2693897.	2481567.	2412838.	12748550.
14 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	97.45 %
16 Public support percentage from 2010 Schedule A, Part III, line 15 . . . . .	16	96.50 %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	2.46 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17 . . . . .	18	3.40 %

19a **33 1/3 % support tests - 2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ▶ ☒

b **33 1/3 % support tests - 2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . ▶ ☐

## Part IV

**Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b, or Part III, line 12. Also complete this part for any additional information. (See instructions.)

OTHER INCOME - MISCELLANEOUS REVENUES



**SCHEDULE D  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

**2011**Open to Public  
Inspection

Name of the organization

VETERANS ASSISTANCE FOUNDATION INC

Employer identification number

39-1798221

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Yr.
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ► \$

(ii) Assets included in Form 990, Part X ► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

For Paperwork Reduction Act Notice, see the instructions for Form 990.

Schedule D (Form 990) 2011

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets**

(continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a ☐ Public exhibition d ☐ Loan or exchange programs
- b ☐ Scholarly research e ☐ Other \_\_\_\_\_
- c ☐ Preservation for future generations
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIV and complete the following table
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☒ No
- b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the year end balance (line 1g) held as

a Board designated or quasi-endowment  $\blacktriangleright$  0.00 %

b Permanent endowment  $\blacktriangleright$  0.00 %

c Temporarily restricted endowment  $\blacktriangleright$  0.00 %

The percentages in lines 2a, 2b, and 2c should equal 100%

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations ☐ Yes ☐ No 3a(i)

(ii) related organizations ☐ Yes ☐ No 3a(ii)

- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☐ No 3b

- 4 Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book value
1a Land		285,216.		285,216.
b Buildings		1,312,650.	212,641.	1,100,009.
c Leasehold improvements		526,510.	330,433.	196,077.
d Equipment		237,816.	135,402.	102,414.
e Other		275,391.	209,160.	66,231.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				1,749,947.

Schedule D (Form 990) 2011

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.) ▶		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25

1 (a) Description of Liability	(b) Book value
(1) Federal Income Taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)



**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding**  
**Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18,  
or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

VETERANS ASSISTANCE FOUNDATION INC

Employer identification number

39-1798221

**Part I**

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17

Form 990-EZ filers are not required to complete this part

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- |  |   |
|--|---|
| <b>a</b> <input type="checkbox"/> Mail solicitations               | <b>e</b> <input type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input type="checkbox"/> Phone solicitations              | <b>g</b> <input type="checkbox"/> Special fundraising events            |
| <b>d</b> <input type="checkbox"/> In-person solicitations          |   |

**2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ Yes ☐ No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>1</b> XENTEL INC 312 E WI MIL WI 53202	TELEPHON	X		1,197,332.	1,071,308.	126,024.
<b>2</b>						
<b>3</b>						
<b>4</b>						
<b>5</b>						
<b>6</b>						
<b>7</b>						
<b>8</b>						
<b>9</b>						
<b>10</b>						
<b>Total</b>				1,197,332.	1,071,308.	126,024.

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

**Part II**

**Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	(event type)	(event type)	(total number)	(add col. (a) through col. (c))
<b>Revenue</b>				
1 Gross receipts ..				
2 Less Charitable contributions ..				
3 Gross income (line 1 minus line 2) ....				
<b>Direct Expenses</b>				
4 Cash prizes .....				
5 Noncash prizes ..				
6 Rent/facility costs ..				
7 Food and beverages ..				
8 Entertainment ....				
9 Other direct expenses ..				
10 Direct expense summary Add lines 4 through 9 in column (d) .....				
11 Net income summary Combine line 3, column (d), and line 10 .....				

**Part III**

**Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
<b>Revenue</b>				
1 Gross revenue ..				
<b>Direct Expenses</b>				
2 Cash prizes .....				
3 Noncash prizes ....				
4 Rent/facility costs ..				
5 Other direct expenses ..				
6 Volunteer labor ..	Yes <u>0.0%</u> No	Yes <u>0.0%</u> No	Yes <u>0.0%</u> No	
7 Direct expense summary Add lines 2 through 5 in column (d) .....				
8 Net gaming income summary Combine line 1, column d, and line 7 .....				

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? ..... ☐ Yes ☐ No

b If "No," explain \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ..... ☐ Yes ☐ No

b If "Yes," explain \_\_\_\_\_

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity operated in
- |                               |     |        |
|-------------------------------|-----|--------|
| a The organization's facility | 13a | 0.00 % |
| b An outside facility         | 13b | 0.00 % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party.

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

## 16 Gaming manager information

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

☐ Director/officer☐ Employee☐ Independent contractor

## 17 Mandatory distributions

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV**

**Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)

**SCHEDULE J  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2011**Open to Public  
Inspection

Name of the organization

VETERANS ASSISTANCE FOUNDATION INC

Employer identification number

39-1798221

**Part I Questions Regarding Compensation**

1 a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

- ☐ First-class or charter travel  
☐ Travel for companions  
☐ Tax indemnification and gross-up payments  
☐ Discretionary spending account

- ☐ Housing allowance or residence for personal use  
☐ Payments for business use of personal residence  
☐ Health or social club dues or initiation fees  
☐ Personal services (e.g., maid, chauffeur, chef)

Yes No

--	--	--

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

1b

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

2 X

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III

- ☒ Compensation committee  
☐ Independent compensation consultant  
☐ Form 990 or other organizations

- ☐ Written employment contract  
☐ Compensation survey or study  
☒ Approval by the board or compensation committee

--	--	--

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

4a X

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

4b X

c Participate in, or receive payment from, an equity-based compensation arrangement?

4c X

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

5a X

b Any related organization?

5b X

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

6a X

b Any related organization?

6b X

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

7 X

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

8 X

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

9

For Paperwork Reduction Act Notice, see the instructions for Form 990.

Schedule J (Form 990) 2011

BCA



**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 COLIN MOTEN	80,000.	1,200.		2,400.		83,600.	
	(i)						
	(ii)						
2	(i)						
	(ii)						
3	(i)						
	(ii)						
4	(i)						
	(ii)						
5	(i)						
	(ii)						
6	(i)						
	(ii)						
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

Schedule J (Form 990) 2011

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

THE COMPENSATION COMMITTEE AND THE BOARD DETERMINE THE PRESIDENT'S

COMPENSATION.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

VETERANS ASSISTANCE FOUNDATION INC

Employer identification number

39-1798221

PART VI LINE 11 - FORM IS EMAILED TO BOARD MEMBERS FOR REVIEW PRIOR TO  
FILING

PART VI LINE 12 - ANY ISSUES THAT MIGHT BE PERCEIVED AS A CONFLICT OF  
INTEREST ARE DISCUSSED AT A BOARD METTING. ANY QUESTIONABLE ITEMS ARE  
REFERRED TO THE ORGANIZATIONS ATTORNEY.

PART VI LINE 15 - THE PRESIDENT'S COMPENSATION IS DETERMINED BY THE  
COMPENSATION COMMITTEE.

PART VI LINE 19 - ORGANIZATIONAL INFORMATION IS AVAILBLE ON THE  
COMPANY'S WEBSITE AND THROUGH GUIDESTAR.

PART XII LINE 2 - THE BOARD AND THE PRESIDENT REVIEW A DRAFT OF THE  
PRIOR TO ISSUANCE. THE BOARD APPROVES THE HIRING OF THE AUDITOR  
ANNUALLY.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2011**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

VETERANS ASSISTANCE FOUNDATION INC

Employer identification number

39-1798221

Open to Public  
Inspection

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" on Form 990, Part IV, line 33 )

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year )

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization? Yes No
(1) CA VETERANS ASSIST FDTN30-0186044 2215 BUENA VIST BAKERSFIEL CA 93304	ASSIST VETERANS	CA	501C3	9	N/A	X
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2011

**Part III** Identification of Related Organizations Taxable as a Partnership

(Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												0.00
(2)												0.00
(3)												0.00
(4)												0.00
(5)												0.00
(6)												0.00
(7)												0.00

**Part IV** Identification of Related Organizations Taxable as a Corporation or Trust

(Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership
(1)							0.00
(2)							0.00
(3)							0.00
(4)							0.00
(5)							0.00
(6)							0.00
(7)							0.00

Schedule R (Form 990) 2011

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35a, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

		Yes	No
a	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b	Gift, grant, or capital contribution to related organization(s)		X
c	Gift, grant, or capital contribution from related organization(s)		X
d	Loans or loan guarantees to or for related organization(s)		X
e	Loans or loan guarantees by related organization(s)		X
f	Sale of assets to related organization(s)		X
g	Purchase of assets from related organization(s)		X
h	Exchange of assets with related organization(s)		X
i	Lease of facilities, equipment, or other assets to related organization(s)		X
j	Lease of facilities, equipment, or other assets from related organization(s)		X
k	Performance of services or membership or fundraising solicitations for related organization(s)		X
l	Performance of services or membership or fundraising solicitations by related organization(s)		X
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
n	Sharing of paid employees with related organization(s)		X
o	Reimbursement paid to related organization for expenses		X
p	Reimbursement paid by related organization for expenses		X
q	Other transfer of cash or property to related organization(s)		X
r	Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)	CALIFORNIA VETERANS ASSISTANCE FOUNDATION	I	31,550.	LEASE
(2)				
(3)				
(4)				
(5)				
(6)				

Schedule R (Form 990) 2011

**Depreciation and Amortization**  
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

**2011**Attachment  
Sequence No 179

Name(s) shown on return

VETERANS ASSISTANCE FOUNDATION FORM 990

Business or activity to which this form relates

Identifying number

39-1798221

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Do not include listed property) (See instructions)****Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2011	17	130,323.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B-Assets Placed in Service During 2011 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property		5,970.	03	MM	SL	1,327.
b 5-year property		9,964.	05	MM	SL	1,025.
c 7-year property						
d 10-year property						
e 15-year property		8,375.	15	MM	SL	465.
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
i Nonresidential real property	12/2011	129,460.	39 yrs	MM	S/L	

**Section C-Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System**

20a Class life				S/L	
b 12-year			12 yrs	S/L	
c 40-year			40 yrs	MM	S/L

**Part IV Summary (See instructions)**

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	133,140.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2011)

**US 990****Other Functional Expenses: Page 10, Line 24****2011**

Description of the Asset	Total	Program Services	Management and General	Fundraising
VEHICLES	30,132.	22,610.	7,522.	
BANK CHARGES	257.	228.	29.	
CENTER SUPPLIES	21,951.	20,803.	1,148.	
DUES & SUBSCRIPTIONS	8,076.	4,693.	3,383.	
FOOD SERVICE	116,622.	116,261.	361.	
LICENSES & FEES	8,931.	4,928.	4,003.	
LEASES	13,676.	13,676.		
POSTAGE	1,927.	1,340.	587.	
SECURITY	87,701.	87,469.	232.	
STAND DOWN	7,027.	7,027.		
OTHER SUPPORTIVE	3,387.	3,387.		
TELEPHONE	15,565.	10,270.	5,295.	
OTHER	845.	845.		
	316,097.	293,537.	22,560.	



**VETERANS ASSISTANCE FOUNDATION, INC.**

**FINANCIAL STATEMENTS  
WITH INDEPENDENT AUDITOR'S REPORT**

**DECEMBER 31, 2011**

**VETERANS ASSISTANCE FOUNDATION, INC.**  
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**DECEMBER 31, 2011**

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**Engelson & Associates, Ltd.**

Certified Public Accountants and Consultants

**INDEPENDENT AUDITOR'S REPORT**

To the Board of Directors  
Veterans Assistance Foundation, Inc.

We have audited the accompanying statement of financial position of Veterans Assistance Foundation, Inc. as of December 31, 2011 and 2010, and the related statement of activities and cash flows for the years then ended. These financial statements are the responsibility of the organization's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Veterans Assistance Foundation, Inc. as of December 31, 2011 and 2010, and the change in net assets and cash flows for the years then ended, in conformity with accounting principles generally accepted in the United States of America.

In accordance with Government Auditing Standards, we have also issued our report dated May 4, 2012, on consideration of Veterans Assistance Foundation's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the internal control or on compliance. That report is an integral part of an audit performed in accordance with Government Auditing Standards and important for assessing the results of our audit.

Our audit was conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental information listed in the table of contents is presented for purposes of additional analysis and is not a required part of the basic financial statements. The accompanying schedule of expenditures of federal awards is presented for purposes of additional analysis as required by U.S. Office of Management and Budget Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*, and is not a required part of the basic financial statements. Such information has been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, is fairly stated, in all material respects, in relation to the basic financial statements taken as a whole.

*Engelson and Associates, Ltd.*

La Crosse, Wisconsin  
May 4, 2012

**VETERANS ASSISTANCE FOUNDATION, INC.**  
**STATEMENT OF FINANCIAL POSITION**  
**AS OF DECEMBER 31, 2011 AND 2010**

ASSETS	2011	2010
<b>Current Assets</b>		
Cash and cash equivalents	\$ 699,294	\$ 506,185
Accounts receivable	5,146	15,629
Grants receivable	134,589	170,243
Due from CVAF	-	44,170
Prepaid expenses	3,102	2,850
Total Current Assets	<u>842,131</u>	<u>739,077</u>
<b>Property and Equipment</b>		
Land	285,216	253,500
Buildings	1,312,650	1,174,815
Building improvements	526,510	526,510
Vehicles	275,391	275,391
Equipment	237,816	221,882
Total	<u>2,637,583</u>	<u>2,452,098</u>
Less: Accumulated depreciation	<u>(887,636)</u>	<u>(754,496)</u>
Net property and equipment	<u>1,749,947</u>	<u>1,697,602</u>
<b>TOTAL ASSETS</b>	<u><u>\$ 2,592,078</u></u>	<u><u>\$ 2,436,679</u></u>
<b>LIABILITIES AND NET ASSETS</b>		
<b>Current Liabilities</b>		
Accounts payable	\$ 102,552	\$ 57,136
Accrued expenses	20,150	16,663
Current maturities of long-term obligations	32,729	29,914
Total Current Liabilities	<u>155,431</u>	<u>103,713</u>
<b>Non-Current Liabilities</b>		
Notes payable - net of current maturities	<u>320,316</u>	<u>244,818</u>
Total Liabilities	475,747	348,531
<b>Net Assets</b>		
Unrestricted	<u>2,116,331</u>	<u>2,088,148</u>
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<u><u>\$ 2,592,078</u></u>	<u><u>\$ 2,436,679</u></u>

The accompanying notes are an integral part of these financial statements.

**VETERANS ASSISTANCE FOUNDATION, INC.**  
**STATEMENT OF ACTIVITIES AND CHANGE IN NET ASSETS**  
**FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010**

	<b>2011</b>	<b>2010</b>
<b>Support and Revenue</b>		
Veterans affairs per diem grants	\$ 1,029,644	\$ 912,826
Department of Labor grant	7,000	70,510
Donations	18,957	10,148
Program fees	122,731	127,159
Fundraising	1,197,332	1,273,992
Rent	31,550	78,000
Interest income	2,742	6,394
Other	2,882	2,538
Total Support and Revenue	<u>2,412,838</u>	<u>2,481,567</u>
<b>Expenses</b>		
Program services	1,116,169	1,102,999
Management and general	197,178	171,332
Fundraising	1,071,308	1,179,478
Total Expenses	<u>2,384,655</u>	<u>2,453,809</u>
<b>Change in Net Assets</b>	<b>28,183</b>	<b>27,758</b>
Net Assets at Beginning of Year	<u>2,088,148</u>	<u>2,060,390</u>
<b>Net Assets at End of Year</b>	<u><b>\$ 2,116,331</b></u>	<u><b>\$ 2,088,148</b></u>

The accompanying notes are an integral part of these financial statements.

**VETERANS ASSISTANCE FOUNDATION, INC.**  
**STATEMENT OF CASH FLOWS**  
**FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010**

	2011	2010
<b>Cash Flows From Operating Activities</b>		
<i>Increase (decrease) in net assets:</i>	\$ 28,183	\$ 27,758
Adjustments to reconcile change in net cash provided (used) by operating activities:		
Depreciation*	133,140	136,387
Changes in assets and liabilities:		
(Increase) decrease in accounts receivable	10,483	57,454
(Increase) decrease in grants receivable	35,654	(13,898)
(Increase) decrease in due from CVAF	44,170	(44,170)
Increase (decrease) in prepaid expenses	252	31
Increase (decrease) in accounts payable	45,416	(7,314)
Increase (decrease) in accrued expenses	4,437	3,807
Net Cash Provided (Used) by Operating Activities	<u>301,735</u>	<u>160,055</u>
<b>Cash Flows From Investing Activities</b>		
Purchase of property and equipment	<u>(185,485)</u>	<u>(89,556)</u>
<b>Cash Flows From Financing Activities</b>		
Proceeds from long-term debt	108,000	-
Payments on long-term debt	<u>(31,141)</u>	<u>(65,638)</u>
Net Cash Provided (Used) by Financing Activities	<u>76,859</u>	<u>(65,638)</u>
<b>NET INCREASE (DECREASE) IN CASH</b>	<b>193,109</b>	<b>4,861</b>
<b>CASH AT BEGINNING OF YEAR</b>	<u>506,185</u>	<u>501,324</u>
<b>CASH AT END OF YEAR</b>	<u><u>\$ 699,294</u></u>	<u><u>\$ 506,185</u></u>
<b>SUPPLEMENTAL DISCLOSURE OF CASH FLOW INFORMATION</b>		
Cash paid during the year for:		
Interest	<u><u>\$ 22,891</u></u>	<u><u>\$ 17,854</u></u>

\* Indicates non cash transaction

The accompanying notes are an integral part of these financial statements

**VETERANS ASSISTANCE FOUNDATION, INC.**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2011**

**NOTE 1 - NATURE OF ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

Veterans Assistance Foundation, Inc. (VAF) is a non-stock, non-profit corporation that receives a substantial portion of its revenue from the United States government through grants from the U.S. Department of Veterans Affairs and the U.S. Department of Labor. Through these grants VAF manages and operates veteran assistance centers, and provides temporary housing, job training, and counseling for veterans at three locations in Wisconsin.

A summary of significant accounting policies consistently applied in the preparation of the accompanying financial statements follows:

**Basis of Accounting** - The financial statements of VAF have been prepared on the accrual basis of accounting and accordingly, reflect all significant receivables, payables, and other liabilities.

**Use of Estimates** - The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

**Cash and Cash Equivalents** - For financial statement purposes, the VAF considers all highly liquid investments with a maturity of three months or less, when purchased, to be cash equivalents.

**Financial Instruments** - The carrying values of cash, receivables, accounts payable and accrued liabilities approximate fair value due to the short maturity of those instruments. The carrying amount of long-term debt approximates fair value as it bears interest at variable rates.

**Grants Receivable and Allowance for Doubtful Accounts** - Receivables are due upon receipt on grants for which reimbursement was submitted for services performed by VAF. Management reviews receivables on a periodic basis to determine their collectability. Receivables are considered past due after 60 days. Uncollectible receivables are written off to bad debt expense. Historically, VAF has not incurred any significant bad debt and as such, management does not believe an allowance is necessary.

**Property and Equipment** - VAF capitalizes all new fixed assets in excess of \$1,000. Donated assets are recorded at the fair market value at the date of contribution. Depreciation is computed on a straight-line basis over the estimated service lives of the assets:

Vehicles	5 years
Equipment	5-7 years
Building improvements	15 years
Buildings	39 years

**VETERANS ASSISTANCE FOUNDATION, INC.**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2011**

**NOTE 1 - NATURE OF ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, continued**

**Net Assets** - Net assets and revenues, expenses, gain and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets are classified and reported as follows:

**Unrestricted Net Assets** - Net assets that are not subject to donor-imposed stipulations.

**Temporarily Restricted Net Assets** - Net assets subject to Board or donor-imposed stipulations that either expire by passage of time or can be fulfilled and removed by actions of the Board pursuant to those stipulations.

**Permanently Restricted Net Assets** - Net assets subject to donor-imposed stipulations that they be maintained permanently by VAF.

**Income Tax Status** - VAF qualifies as a tax-exempt organizations under Section 501(c)(3) and 509(a) of the Internal Revenue Code and corresponding provisions of State law and, therefore, have no provision for federal or state income taxes.

The Organization has adopted *Accounting for Uncertainty in Income Taxes*, ASC 740-10 effective January 1, 2009. The Organization's policy is to evaluate uncertain tax positions, at least annually, for the potential for income tax exposure from unrelated business income or from loss of nonprofit status. Tax years ending December 31, 2007 and after are currently open to potential audits.

**Restricted and Unrestricted Revenue and Support** - Contributions received are recorded as unrestricted, temporarily restricted, or permanently restricted support, depending on the existence and/or nature of any donor restrictions. If restrictions are satisfied in the year the contributions are received, the contribution and related expenses are recorded as unrestricted activities.

All other donor-restricted support is reported as an increase in temporarily or permanently restricted net assets, depending on the nature of the restriction. When restrictions expire or their purposes are accomplished, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions

**Donated Goods and Services** - VAF receives donated services from unpaid volunteers who assist in carrying out their mission. The value of these services is undeterminable and, therefore, they are not recorded in the financial statements.



**VETERANS ASSISTANCE FOUNDATION, INC.**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2011**

**NOTE 2 – CASH AND CASH EQUIVALENTS**

VAF maintains cash accounts at several commercial banks. Accounts are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000 at each bank. \$8,914 and \$0 were uninsured by the FDIC at December 31, 2011 and 2010, respectively.

**NOTE 3 – PROPERTY AND EQUIPMENT**

Property and equipment consisted of the following at December 31:

	<u>2011</u>	<u>2010</u>
Land	\$ 285,216	\$ 253,500
Buildings	1,312,650	1,174,815
Building Improvements	526,510	526,510
Vehicles	275,391	275,391
Equipment	<u>237,816</u>	<u>221,882</u>
Total Cost	2,637,583	2,452,098
Less accumulated depreciation	<u>(887,636)</u>	<u>(754,497)</u>
 Book Value	 <u>\$ 1,749,947</u>	 <u>\$ 1,697,601</u>

Depreciation expense totaled \$133,140 and \$136,387 for the years ended December 31, 2011 and 2010, respectively.

**VETERANS ASSISTANCE FOUNDATION, INC.**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2011**

**NOTE 4 – NOTES PAYABLE**

Long-term debt consists of the following:	<u>2011</u>	<u>2010</u>
Note payable, First Bank, payments of \$789.81 per month including principal and interest at 6.25%, final maturity date July 2016. Collateralized by real estate.	\$ 106,869	\$ -
Note payable, Robin and Amanda Perez, payments of \$913 per month including principal and interest at 8%, final maturity date October 2017. Collateralized by real estate.	50,842	57,436
Note payable, M. Frank St. Clair, payments of \$832 per month including principal and interest at 7%, final maturity date February 2017. Collateralized by real estate.	20,722	28,406
Note payable, State Bank of Newburg, payments of \$341 per month including principal and interest at 8%, final maturity date March 2037. Collateralized by real estate.	44,033	44,309
Note payable, State Bank of Newburg, payments of \$454 per month including principal and interest at 8.12%, final maturity date March 2019. Collateralized by real estate.	58,595	58,910
Note payable, State Bank of Newburg, payments of \$404 per month including principal and interest at 6.75%, final maturity date August 2039. Collateralized by real estate.	60,109	60,511
Note payable, Ford Credit, payments of \$1,099 per month at 0%, final maturity date December 2012. Collateralized by vehicle.	<u>11,876</u>	<u>25,160</u>
<b>Total long-term debt</b>	<b><u>\$ 353,046</u></b>	<b><u>\$ 274,732</u></b>

The following is a schedule of future aggregate annual maturities of long-term debt:

<b>Years Ending December 31,</b>	<b>Approximate Amount</b>
2012	\$ 32,729
2013	22,472
2014	16,380
2015	15,086
2016	106,943
Thereafter	<u>159,435</u>
<b>Total</b>	<b><u>\$ 353,046</u></b>

**VETERANS ASSISTANCE FOUNDATION, INC.**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2011**

**NOTE 5 – ACCRUED VACATION**

Accrued vacation represents vacation earned, but not taken as of December 31, 2011 and is included in "accrued liabilities" in the statement of financial position. The accrued vacation balance was \$10,084 and \$11,792 as of December 31, 2011 and 2010, respectively.

**NOTE 6 – CONCENTRATION OF RISK**

VAF receives grants from the Department of Veterans Affairs and Department of Labor. Support and revenue from these grantors amounted to \$1,036,644 and \$983,336 during 2011 and 2010, respectively. When fundraising revenue is netted against fundraising expenses, these grants represent 78% and 76% of revenue, respectively.

**NOTE 7 - FUNDRAISING**

VAF has agreements with Xentel, a professional, for-profit corporation that conducts fundraising activities in their respective names. Monies collected amounted to \$1,197,332 and \$1,273,992 as of December 31, 2011 and 2010, respectively. \$1,071,308 and \$1,179,478 was paid to Xentel for services rendered for 2011 and 2010, respectively.

**NOTE 8 – RETIREMENT PLAN**

VAF maintains a 401k plan which covers all eligible employees, and matches up to 3% of the employee's salary. Prior to 2011, VAF maintained a Simple IRA plan. VAF's contribution to the plan totaled \$10,518 and \$8,310 for the years ended December 31, 2011 and 2010, respectively.

**NOTE 9 – COMMITMENTS AND CONTINGENCIES**

On July 5, 2011 VAF purchased a building located at 1021 Superior Avenue in Tomah, WI with the intent of relocating their administrative offices to this location. Renovations on the building were still in process in the amount of \$54,858 as of December 31, 2011. VAF plans to relocate to their new office space in February 2012.

**NOTE 10 – RELATED PARTY TRANSACTIONS**

Veterans Assistance Foundation (Wisconsin) (VAF) and California Veterans Assistance Foundation (CVAF) have a common board president and are considered related parties. Prior to 2010, the Organizations' financial statements were combined, and all intercompany transactions eliminated. Effective January 1, 2010, the Board of Directors and management voted to separate the two Organizations. As of January 1, 2010, separate financial statements have been presented. The boards determined that even though they shared a common board president, the two Organizations were operating independently and were not interrelated.

As part of the split, lease agreements were entered into for properties owned by VAF and operated by CVAF. These properties included 727 Decatur, 729 Decatur and 2215 Buena Vista properties in Bakersfield, CA. Under the terms of the lease, payments are \$6,500 per month during 2010. During 2011, lease payments were reduced, adjusted and extended through December 31, 2013. Lease payments totaled \$31,550 and \$78,000 for the years ended December 31, 2011 and 2010, respectively.

**VETERANS ASSISTANCE FOUNDATION, INC.**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2011**

**NOTE 10 – RELATED PARTY TRANSACTIONS, continued**

Future minimum lease payments to be received are as follows:

<b>Years Ending December 31</b>	<b>Approximate Amount</b>
2012	\$ 41,800
2013	41,800
2014-2016	<u>-</u>
<b>Total</b>	<b><u>\$ 83,600</u></b>

At January 1, 2010 CVAF owed VAF \$71,073 for expenses VAF paid on CVAF's behalf when the Organizations were combined. Total owed at December 31, 2011 and 2010 to VAF was \$0 and \$44,071, respectively.

Due to the long-term relationship existing between VAF and CVAF, the original application to the U.S. Department of Veteran Affairs was originally applied for under VAF's FEIN. The U.S. Department of Veteran Affairs has since closed the program to new applicants making it unfeasible for CVAF to re-apply under its own FEIN. As a result, CVAF's per diems are sent to VAF and VAF forwards them to CVAF.

The Board President's wife is an employee of VAF.

**NOTE 11 – SUBSEQUENT EVENTS**

Management has evaluated subsequent events through April 30, 2012, the date these financial statements were available to be issued.

## **SUPPLEMENTARY INFORMATION**

**VETERANS ASSISTANCE FOUNDATION, INC.**  
**STATEMENT OF FUNCTIONAL EXPENSES**  
**FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010**

<b>Expenses</b>	<b>Program Services</b>	<b>Management and General</b>	<b>Fundraising</b>	<b>2011</b>
Automobile	\$ 22,610	\$ 7,522	\$ -	\$ 30,132
Bank service charge	228	29	-	257
Center Supplies	20,803	1,148	-	21,951
Compensation	352,606	72,258	-	424,864
Depreciation	114,515	18,625	-	133,140
Donations	7,760	-	-	7,760
Dues & subscriptions	4,693	3,383	-	8,076
Employee benefits	74,570	17,386	-	91,956
Food Service	116,261	361	-	116,622
Insurance	15,057	1,478	-	16,535
Interest	3,365	19,526	-	22,891
Lease payments	13,676	-	-	13,676
Licenses & fees	4,928	4,003	-	8,931
Maintenance	17,659	6,361	-	24,020
Member training	899	-	-	899
Office supplies	10,256	3,229	-	13,485
Other	845	-	-	845
Payroll taxes	29,633	5,367	-	35,000
Pension	8,418	2,100	-	10,518
Postage	1,340	587	-	1,927
Professional fundraising	-	-	1,071,308	1,071,308
Professional services	11,933	9,891	-	21,824
Property taxes	742	3,290	-	4,032
Rent	18,837	-	-	18,837
Security services	87,469	232	-	87,701
Staff training	1,326	395	-	1,721
Staff travel	9,233	10,700	-	19,933
Stand down expenses	7,027	-	-	7,027
Supportive expenses	3,387	-	-	3,387
Telephone	10,270	5,295	-	15,565
Utilities	145,823	4,012	-	149,835
<b>Total Expenses</b>	<b>\$ 1,116,169</b>	<b>\$ 197,178</b>	<b>\$ 1,071,308</b>	<b>\$ 2,384,655</b>

	Program Services	Management and General	Fundraising	2010
<b>Expenses</b>				
Automobile	\$ 26,762	\$ 8,640	\$ -	\$ 35,402
Bank service charge	-	(15)	-	(15)
Center Supplies	28,235	536	-	28,771
Compensation	305,968	76,492	-	382,460
Depreciation	118,628	17,759	-	136,387
Donations	2,688	3,917	-	6,605
Dues & subscriptions	5,304	1,991	-	7,295
Employee benefits	63,366	18,356	-	81,722
Food Service	127,064	-	-	127,064
Insurance	14,582	2,248	-	16,830
Interest	17,854	-	-	17,854
Lease payments	13,130	-	-	13,130
Licenses & fees	4,028	2,606	-	6,634
Maintenance	20,732	1,381	-	22,113
Member training	4,791	-	-	4,791
Office supplies	14,831	11,469	-	26,300
Other	-	-	-	-
Payroll taxes	26,800	5,229	-	32,029
Pension	6,511	1,800	-	8,311
Postage	1,349	385	-	1,734
Professional fundraising	-	-	1,179,478	1,179,478
Professional services	15,032	5,970	-	21,002
Property taxes	-	-	-	-
Rent	18,288	-	-	18,288
Security services	87,501	319	-	87,820
Staff training	2,132	199	-	2,331
Staff travel	10,650	2,267	-	12,917
Stand down expenses	7,000	-	-	7,000
Supportive expenses	5,668	-	-	5,668
Telephone	11,583	5,431	-	17,014
Utilities	142,522	4,352	-	146,874
<b>Total Expenses</b>	<b>\$ 1,102,999</b>	<b>\$ 171,332</b>	<b>\$ 1,179,478</b>	<b>\$ 2,453,809</b>

**VETERANS ASSISTANCE FOUNDATION, INC.**  
**COMBINED SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS**  
**FOR THE YEAR ENDED DECEMBER 31, 2011**

<u>CFDA, Awarding Agency, Grant/Program Name</u>	<u>Award Period</u>	<u>Award</u>	<u>Expenditures</u>
CFDA #64.024			<b>2011</b>
U.S. Department of Veteran Affairs:			
VA Homeless Provider Grant & Per Diem Program	1/1/11-12/31/11		
Project 06-081-WI		\$38.90/day	\$ 163,846
Project 98-013-WI		\$38.90/day	805,697
Project 02-009-WI		\$38.90/day	<u>60,101</u>
Total			1,029,644
CFDA #17.805			
U.S. Department of Labor:			
Homeless Veterans Reintegration Program	1/1/11-12/31/11	\$ 7,000	<u>\$ 7,000</u>
		<b>Total</b>	<u><b>\$ 1,036,644</b></u>

See note to schedule of expenditures of federal awards.



**VETERANS ASSISTANCE FOUNDATION, INC.**  
**NOTE TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS**  
**DECEMBER 31, 2011**

**NOTE A— BASIS OF PRESENTATION**

The accompanying schedule of expenditures of federal awards includes the federal grant activity of the Veterans Assistance Foundation, Inc. and is presented on the accrual basis of accounting. The information in this schedule is presented in accordance with the requirements of OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*. Therefore, some amounts presented in this schedule may differ from amounts presented in, or used in preparation of, the basic financial statements.



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## **Engelson & Associates, Ltd.**

Certified Public Accountants and Consultants

### **INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS**

To the Board of Directors  
Veterans Assistance Foundation, Inc.

We have audited the financial statements of Veterans Assistance Foundation, Inc. (VAF) as of and for the year ended December 31, 2011 and have issued our report thereon dated May 4, 2012. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States.

#### **Internal Control Over Financial Reporting**

In planning and performing our audit, we considered VAF's internal control over financial reporting as a basis for designing our audit procedures for the purpose of expressing our opinion on the financial statements but not for the purpose of expressing an opinion on the effectiveness of the VAF's internal control. Accordingly, we do not express an opinion on the effectiveness of the organization's internal control.

A control deficiency exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect misstatements on a timely basis. A significant deficiency is a control deficiency, or combination of control deficiencies, that adversely affects the organization's ability to initiate, authorize, record, process, or report financial data reliably in accordance with generally accepted accounting principles such that there is a more than remote likelihood that a misstatement of the organization's financial statements that is more than inconsequential will not be prevented or detected by the organization's internal control.

A material weakness is a significant deficiency, or combination of significant deficiencies, that results in more than a remote likelihood that a material misstatement of the financial statements will not be prevented or detected by the organization's internal control.

Our consideration of the internal control over financial reporting was for the limited purpose described in the first paragraph of this section and would not necessarily identify all deficiencies in the internal control that might be significant deficiencies or material weaknesses. We did not identify any deficiencies in internal control over financial reporting that we consider to be material weaknesses, as defined above.

## Compliance and Other Matters

As part of obtaining reasonable assurance about whether the VAF's financial statements are free of material misstatements, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

This report is intended for the information and use of the management, the Board of Directors, others within the organization, federal awarding agencies and pass-through entities and is not intended to be and should not be used by anyone other than these specified parties.

*Engelson and Associates, Ltd.*

La Crosse, Wisconsin  
May 4, 2012



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## **Engelson & Associates, Ltd.**

Certified Public Accountants and Consultants

### **INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE WITH REQUIREMENTS THAT COULD HAVE A DIRECT AND MATERIAL EFFECT ON EACH MAJOR PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE REQUIRED BY OMB CIRCULAR A-133**

To the Board of Directors  
Veterans Assistance Foundation, Inc.

#### **Compliance**

We have audited the compliance of Veterans Assistance Foundation, Inc. (VAF) with the types of compliance requirements described in the OMB *Circular A-133 Compliance Supplement* that could have a direct and material effect on each of its major federal programs for the year ended December 31, 2011. VAF's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs. Compliance with the requirements of laws, regulations, contracts, and grants applicable to each of its major federal programs is the responsibility of VAF's management. Our responsibility is to express an opinion on the organization's compliance based on our audit.

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and OMB Circular A-133. Those standards and OMB Circular A-133 require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about VAF's compliance with those requirements and performing such other procedures as we consider necessary in the circumstances. We believe that our audit provides a reasonable basis for our opinion. Our audit does not provide a legal determination of VAF's compliance with those requirements.

In our opinion, VAF complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended December 31, 2011.

#### **Internal Control Over Compliance**

The management of Veterans Assistance Foundation is responsible for establishing and maintaining effective internal control over compliance with the requirements of laws, regulations, contracts, and grants applicable to federal programs. In planning and performing our audit, we considered VAF's internal control over compliance with the requirements that could have a direct and material effect on a major federal program in order to determine our auditing procedures for the purpose of expressing our opinion on compliance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of VAF's internal control over compliance.

## **Internal Control Over Compliance**

The management of Veterans Assistance Foundation is responsible for establishing and maintaining effective internal control over compliance with the requirements of laws, regulations, contracts, and grants applicable to federal programs. In planning and performing our audit, we considered VAF's internal control over compliance with the requirements that could have a direct and material effect on a major federal program in order to determine our auditing procedures for the purpose of expressing our opinion on compliance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of VAF's internal control over compliance.

A control deficiency in an entity's internal control over compliance exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect noncompliance with a type of compliance requirement of a federal program on a timely basis. A significant deficiency is a control deficiency, or combination of control deficiencies, that adversely affects the organization's ability to administer a federal program such that there is a more than remote likelihood that noncompliance with a type of compliance requirement of a federal program that is more than inconsequential will not be prevented or detected by the organization's internal control.

A material weakness is a significant deficiency, or combination of significant deficiencies, that results in more than a remote likelihood that material noncompliance with a type of compliance requirement of a federal program will not be prevented or detected by the organization's internal control.

Our consideration of internal control over compliance was for the limited purpose describe in the first paragraph of this section and would not necessarily identify all deficiencies in internal control that might be significant deficiencies or material weaknesses. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above.

This report is intended solely for the information and use of management, the Board of Directors, others within the organization, federal awarding agencies and pass-through entities and is not intended to be and should not be used by anyone other than these specified parties.

*Engelson and Associates, Ltd*

La Crosse, WI  
May 4, 2012

**VETERANS ASSISTANCE FOUNDATION, INC.**  
**SCHEDULE OF FINDINGS AND QUESTIONED COSTS**  
**DECEMBER 31, 2011**

**A. Summary of Audit Results**

1. The auditor's report expresses an **unqualified opinion** on the combined financial statements of Veterans Assistance Foundation, Inc. (VAF).
2. **No significant deficiencies** relating to the audit of the financial statements are reported in the Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit Performed in Accordance with Government Auditing Standards.
3. **No instances of noncompliance** material to the financial statements of VAF which would be required to be reported in accordance with *Government Auditing Standards*, were disclosed during the audit.
4. **No significant deficiencies** relating to the audit of the major federal award programs are reported in the Report on Compliance with Requirements Applicable to Each Major Program and on Internal Control over Compliance in Accordance with OMB Circular A-133.
5. The auditor's report on compliance for the major federal award programs of VAF expresses an **unqualified opinion** on all major federal programs.
6. There are **no audit findings** that are required to be reported in accordance with Section 510(a) of OMB Circular A-133 are reported in this Schedule.
7. The programs tested as **major programs** include:

	<u>CFDA#</u>	<u>Amount</u>
U.S. Dept of Veterans Affairs		
VA Homeless Provider Grant & Per Diem Program	64.024	\$1,029,644

8. Dollar threshold used to distinguish between type A and type B programs - **\$300,000.**
9. Auditee qualified as low risk? - **Yes**

**B. Findings - Financial Statement Audit in accordance with Governmental Auditing Standards**

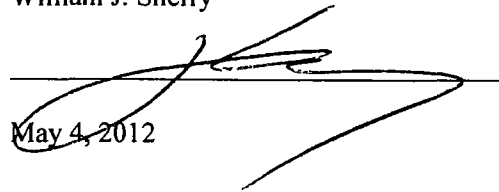
NONE

**C. Findings and Questioned Costs - Major Federal Award Programs**

NONE

**VETERANS ASSISTANCE FOUNDATION, INC.  
SCHEDULE OF FINDINGS AND QUESTIONED COSTS  
DECEMBER 31, 2011**

**D. Findings and Questioned Costs – Other Issues**

1. There is no substantial doubt about VAF's ability to continue as a going concern.
2. A management letter was issued conveying audit comments issued as a result of this audit.
3. Name of partner: William J. Sherry  
Signature of partner: 
5. Date of report: May 4, 2012

**E. Status of Prior Audit Findings and Questioned Costs**

NONE